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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1330

DOCUMENT # 752475 (4) THE VILLA MARIS CONDOMINIUM ASSOCIATION, INC.							
Principal Place	of Business	Mailing Address					HAN OHAN CIRIL IAN
	OCEAN BLVD. EACH FL 33487-4259	4404 S OCEAN BLVD VIRGINIABCH FL 33487 US					
		00			 Date Incorporated or Qualified 05/14/1980 	3a. Date of L. 03/07	est Report 7/1995
2. Principal Pla	ace of Business	2a. Mailing Addres	s	-11	4. FEI Number		Applied For
1		26			59-2178830		Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, e	etc.		5. Certificate of Status Desired	1 1 7 -	75 Additional se Required
City & State	3	City & State			6. Election Campaign Financing	□ \$5	.00 May Be
Zφ	Country	Zip		Dountry	Trust Fund Contribution 8. This corporation has liability for int	langible tax unde	r s. 199.032,
4	25	29	30			Yes No	
	9. Name and Address of Current	t Hegistered Agent		81 Name	10. Name and Address of New Re	gistered Agent	
				Name			
	EWS, SHIRLEY J			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	SO. OCEAN BLVD.			83			
HIGHLAI	ND BEACH FL 33487			63			
				84 City		85	Zip Code
				84 City			
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida	Statutes, the a	above-named corpor	ration submits this statement for the purpx	ose of changing i	ts registered office
or register familiar wit	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid th, and accept the obligations of, Section	la. Such change was au	ithorized by th	above-named corpor	ration submits this statement for the purpord of directors. I hereby accept the appoin	ose of changing i	ts registered office red agent. I am
or registen familiar wit SIGNATURE _	red agent, or both, in the State of Florid th, and accept the obligations of, Section Sgrature, typed or printed name of registered agent a	a. Such change was au on 617.0503, Florida St and title if applicable	Ithorized by the atutes. (NOTE: Registe	above-named corpor ne corporation's boar tered Agent signature requires	rd of directors. I hereby accept the appoir	ose of changing intment as registe	red agent. I am
or registen familiar wit SIGNATURE _ 12.	red agent, or both, in the State of Florid th, and accept the obligations of, Section Signature, typed or printed name of registered agent a OFFICERS AND	ia. Such change was au on 617.0503, Florida St and title of applicable D DIRECTORS	uthorized by thatutes. (NOTE: Registr	above-named corpor ne corporation's boar tened Agent signature required 13.	rd of directors. I hereby accept the appoir	ose of changing intment as registe	red agent. I am CTORS IN 12
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4. To refer of certify that the information supplied with this litting is voluntarily furnished and does not quality for the exemption stated in Section 1.19.07(3)(k). Fronce statutes, furner certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attach floor with an address.

SIGNATURE:

SIGNATURE AND THEE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-41

(401) 210-0218

Date Daytime Phone #